

REQUEST FOR PATENT FEE REFUND

of Request: 8-31-94

Serial/Patent # 08/238017

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	3	6-14-94	\$ 130.00
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check		
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/> Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	23--0975		
For information only.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Karen Creasy		TITLE: Legal Tech		
SIGNATURE: <i>Karen Creasy</i>		PHONE: 305-9272		
OFFICE: A/C to Patents				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <i>Jay Hunt</i>		DATE: 9/20/94		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: